

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 14 1960

78-60-033628

INDEXED

Registration District No.

366

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Washington</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kingston</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Road #21</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b> c. CITY OR TOWN <b>Bellevue</b> d. STREET ADDRESS (If outside, give location) <b>2 mi. N of Caledonia</b>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM MAC GUM</b>				4. DATE OF DEATH Month Day Year <b>Sept. 1 1960</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 16 04 55</b>	9. AGE (last birthday) <b>04 55</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Supervisor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Govt. Agency</b>		11. BIRTHPLACE (City and state or country) <b>Rozel Kan.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William A. Gum</b>		13b. MOTHER'S MAIDEN NAME <b>Elvin Bush</b>		14. NAME OF HUSBAND OR WIFE <b>Faye Halbert Gum</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-16-3083</b>		17. INFORMANT Address <b>Mrs. Mac Gum, Irondale Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY	
20h. STATE							
21. I attended the deceased from <b>1958</b> to <b>Sept 1/60</b> and last saw him alive on <b>Sept 1, 1960</b> Death occurred at <b>2.00 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22. SIGNATURE (Deceased or title) <b>J. F. Creswell Jr.</b>		22b. ADDRESS <b>Calais Me</b>		22c. DATE SIGNED <b>9/7/60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>9-4-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		23d. LOCATION (City, town, or county) <b>Potosi, Missouri</b>	
24. FUNERAL DIRECTOR <b>White Funeral Home, Irondale Mo.</b>		ADDRESS <b>Amely. White</b>		25. DATE RECD. BY LOCAL REG. <b>9/8/60</b>		26. REGISTRAR'S SIGNATURE <b>Helmut Kunday</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 15 1980

SEP 15 1980

SEP 27 1980

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Amel F. White

Licensed Embalmer No. 3012

P. O. Address Clinton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.